Case 01-01139-AMC Doc 9263-3 Filed 08/26/05 Page 1 of 24

APPENDIX C
Additional Copies of Part II of the Questionnaire

PART II: ASBESTOS-RELATED CONDITION(S)

1.

Mark the box next to the conditions with which you have been diagnosed and provide all information required in the instructions to this Questionnaire. If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

| Pl | lease chec | k the box next to the condition being alleged: |
|----|-----------------|--|
| | | Asbestos-Related Lung Cancer Asbestosis Other Asbestos Disease Mesothelioma Other Cancer not related to lung cancer or mesothelioma Clinically Severe Asbestosis |
| a. | Mesothe apply): | lioma: If alleging Mesothelioma, were you diagnosed with malignant mesothelioma based on the following (check all tha |
| | | diagnosis from a pathologist certified by the American Board of Pathology |
| | | diagnosis from a second pathologist certified by the American Board of Pathology |
| | | diagnosis and documentation supporting exposure to Grace asbestos-containing products having a substantial causal role in the development of the condition |
| b. | | s-Related Lung Cancer: If alleging Asbestos-Related Lung Cancer, were you diagnosed with primary lung cancer based or wing (check all that apply): |
| | | findings by a pathologist certified by the American Board of Pathology |
| | | evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a B-reader certified by the National Institute for Occupational Safety and Health |
| | | evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health |
| | | evidence of asbestosis determined by pathology |
| | | evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a B-reader certified by the National Institute for Occupational Safety and Health |
| | | evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health |
| | | diffuse pleural thickening as defined in the International Labour Organization's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000) |
| | | a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the lung cancer |
| c. | Other | r Cancer: |
| | (i) If alle | eging Other Cancer, please mark the box(es) next to the applicable primary cancer(s) being alleged: |
| | | olon pharyngeal esophageal laryngeal stomach cancer other, please specify |
| | (ii) Were | you diagnosed with the above-indicated cancer based on the following (check all that apply): |
| | | findings by a pathologist certified by the American Board of Pathology |

Case 01-01139-AMC Doc 9263-3 Filed 08/26/05 Page 3 of 24 evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a B-reader certified by the National Institute for Occupational Safety and Health evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health evidence of asbestosis determined by pathology a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the cancer Clinically Severe Asbestosis: If alleging Clinically Severe Asbestosis, was your diagnosis based on the following (check all that apply): П diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a B-reader certified by the National Institute for Occupational Safety and Health a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health asbestosis determined by pathology a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's Lung Function Testing; Selection of Reference Values and Interpretive Strategies, demonstrating total lung capacity less than 65% predicted a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's Lung Function Testing; Selection of Reference Values and Interpretive Strategies, demonstrating forced vital capacity less than 65% predicted and a FEV1/FVC ratio greater than or equal to 65% predicted a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis Asbestosis: If alleging Asbestosis, was your diagnosis based on the following (check all that apply): diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000) a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs and

d.

e.

Pneumoconioses (2000)

asbestosis determined by pathology

products had a substantial causal role in the development of the asbestosis

a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's Lung Function Testing; Selection of Reference Values and Interpretive Strategies, demonstrating a FEVI/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted

a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing

Case 01-01139-AMC Doc 9263-3 Filed 08/26/05 Page 4 of 24

| f. | | ner Asbestos Disease: If alleging any asbestos-related injuries, medical diagnoses, and/or conditions other than those above, were diagnosis based on the following (check all that apply): |
|-----------|----------------------|--|
| | | diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine |
| | | diagnosis determined by pathology |
| | | a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 20 International Classification of Radiographs of Pneumoconioses by a B-reader certified by the National Institute of Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleut thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs a Pneumoconioses (2000) |
| | . 🗆 | a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 20 International Classification of Radiographs of Pneumoconioses by a second B-reader certified by the National Institute of Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleut thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs at Pneumoconioses (2000) |
| | | a chest x-ray reading other than those described above |
| | | a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's Lun Function Testing; Selection of Reference Values and Interpretive Strategies, demonstrating a FEVI/FVC ratio greater than equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80 predicted |
| | | a pulmonary function test other than that discussed above |
| | | a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the condition |
| | | a CT Scan or similar testing |
| | | a diagnosis other than those above |
| | | other (please specify): |
| 2. Infe | ormatio | on Regarding Diagnosis |
| Dat | te of Dia | agnosis: |
| Dia | gnosing | g Doctor's Name: Diagnosing Doctor's Specialty: |
| Dia | enosing | g Doctor's Mailing Address: |
| | 0 | Address City State/Province Zip/Postal Code |
| Dia | gnosing | g Doctor's Daytime Telephone Number: |
| Wit | th respe | ect to your relationship to the diagnosing doctor, check all applicable boxes: |
| | _ | the diagnosing doctor your personal physician? Yes No |
| | | the diagnosing doctor paid for the diagnostic services that he/she performed? \(\subseteq \text{Yes} \subseteq \text{No} \) |
| | | If yes, please indicate who paid for the services performed: |
| | | you retain counsel in order to receive any of the services performed by the diagnosing doctor? Yes No |
| | | the diagnosing doctor referred to you by counsel? \Bar{\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{ |
| | Are y | you aware of any relationship between the diagnosing doctor and your legal counsel? Yes No |
| | | f yes, please explain: |
| | *** | |
| Wa the | s the dia diagnos | agnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of sis? Yes No |
| Wa | s the dia | agnosing doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? Tyes No |
| Wa | | |
| | s the dia | agnosing doctor provided with your complete occupational, medical and smoking history prior to diagnosis? \Box Yes \Box N |

Case 01-01139-AMC Doc 9263-3 Filed 08/26/05 Page 5 of 24 Do you currently use tobacco products? Yes No Have you ever used tobacco products? Yes No If answer to either question is yes, please indicate whether you have regularly used any of the following tobacco products and the dates and frequency with which such products were used: ☐ Cigarettes Packs Per Day (half pack = .5) ____ Start Year ___ End Year ___ Cigars Per Day ____ Start Year _ End Year ☐ Cigars ☐ If Other Tobacco Products, please specify (e.g., chewing tobacco): _____ Amount Per Day ____ Start Year ____ End Year ____ Have you ever been diagnosed with chronic obstructive pulmonary disease ("COPD")? Yes No If yes, please attach all documents regarding such diagnosis and explain the nature of the diagnosis:____ 3. Information Regarding Chest X-Ray Please check the box next to the applicable location where your chest x-ray was taken (check one): Mobile laboratory Job site Union Hall Doctor office Hospital Other: Address where chest x-ray taken: 4. Information Regarding Chest X-Ray Reading Date of Reading: ILO score: __ Name of Reader: Reader's Daytime Telephone Number: Reader's Mailing Address: City State/Province Zip/Postal Code With respect to your relationship to the reader, check all applicable boxes: Was the reader paid for the services that he/she performed? Yes No If yes, please indicate who paid for the services performed: Did you retain counsel in order to receive any of the services performed by the reader? Yes No Was the reader referred to you by counsel? Yes No Are you aware of any relationship between the reader and your legal counsel? Tyes No If yes, please explain: Was the reader certified by the National Institute for Occupational Safety and Health at the time of the reading? Yes No If the reader is not a certified B-reader, please describe the reader's occupation, specialty, and the method through which the reading was made: 5. Information Regarding Pulmonary Function Test: **Date of Test:** Total Lung Capacity (TLC): ____% of predicted List your height in feet and inches when test given:_____ Forced Vital Capacity (FVC): _____% of predicted FEV1/FVC Ratio: % of predicted List your weight in pounds when test given: Name of Doctor Performing Test (if applicable): ______ Doctor's Specialty: ____ Name of Clinician Performing Test (if applicable): Testing Doctor or Clinician's Mailing Address: _ City Address State/Province Zip/Postal Code Testing Doctor or Clinician's Daytime Telephone Number: Name of Doctor Interpreting Test: ______ Doctor's Specialty: _____ Interpreting Doctor's Mailing Address: Address City State/Province Zip/Postal Code

Case 01-01139-AMC Doc 9263-3 Filed 08/26/05 Page 6 of 24

| With respect to your relationship to the doctor or clinician | n who performed the pulmonary function test o | check all applicable boxe |
|---|---|---|
| If the test was performed by a doctor, was the doctor y | our personal physician? TYes No | |
| Was the testing doctor and/or clinician paid for the ser | vices that he/she performed? Yes No | |
| If yes, please indicate who paid for the services per | rformed: | *** |
| Did you retain counsel in order to receive any of the se | ervices performed by the testing doctor or clinician | n? ∐Yes ∐No |
| Was the testing doctor or clinician referred to you by c | ounsel? Yes No | |
| Are you aware of any relationship between either the d | octor or clinician and your legal counsel? Yes | □No |
| If yes, please explain: | | |
| Was the testing doctor certified as a pulmonologist or inte the pulmonary function test? Yes No | rnist by the American Board of Internal Medic | cine at the time of |
| With respect to your relationship to the doctor interpretin | g the results of the pulmonary function test ch | eck all applicable boxes: |
| Was the doctor your personal physician? Yes No | | |
| Was the doctor paid for the services that he/she perform | ned? Yes No | |
| If yes, please indicate who paid for the services per | formed: | |
| Did you retain counsel in order to receive any of the se | rvices performed by the doctor? Yes No | |
| Was the doctor referred to you by counsel? Tyes | No | |
| | | |
| Are you aware of any relationship between the doctor a | and your legal counsel? Yes No | |
| If yes, please explain: | | |
| If yes, please explain: Was the doctor interpreting the pulmonary function test r Internal Medicine at the time the test results were reviewe Information Regarding Pathology Reports: Date of Pathology Report: Findings: | esults certified as a pulmonologist or internist de la Yes No | by the American Board o |
| If yes, please explain: Was the doctor interpreting the pulmonary function test r Internal Medicine at the time the test results were reviewe Information Regarding Pathology Reports: Findings: Name of Doctor Issuing Report: Name of Doctor Issuing Report: Findings: | esults certified as a pulmonologist or internist d? | by the American Board o |
| If yes, please explain: Was the doctor interpreting the pulmonary function test r Internal Medicine at the time the test results were reviewe Information Regarding Pathology Reports: Date of Pathology Report: Findings: Name of Doctor Issuing Report: Doctor's Mailing Address: | esults certified as a pulmonologist or internist d? | by the American Board o |
| If yes, please explain: Was the doctor interpreting the pulmonary function test r Internal Medicine at the time the test results were reviewe Information Regarding Pathology Reports: Date of Pathology Report: Name of Doctor Issuing Report: Doctor's Mailing Address: Address | esults certified as a pulmonologist or internist d? | by the American Board o |
| If yes, please explain: Was the doctor interpreting the pulmonary function test r Internal Medicine at the time the test results were reviewe Information Regarding Pathology Reports: Date of Pathology Report: Findings: Name of Doctor Issuing Report: Doctor's Mailing Address: Address Doctor's Daytime Telephone Number: | esults certified as a pulmonologist or internist d? | by the American Board o |
| Was the doctor interpreting the pulmonary function test r Internal Medicine at the time the test results were reviewe Information Regarding Pathology Reports: Date of Pathology Report: Findings: Name of Doctor Issuing Report: Doctor's Mailing Address: Address Doctor's Daytime Telephone Number: With respect to your relationship to the doctor issuing the | esults certified as a pulmonologist or internist d? | by the American Board o |
| Was the doctor interpreting the pulmonary function test r Internal Medicine at the time the test results were reviewe Information Regarding Pathology Reports: Date of Pathology Report: Findings: Name of Doctor Issuing Report: Doctor's Mailing Address: Address Doctor's Daytime Telephone Number: With respect to your relationship to the doctor issuing the Was the doctor your personal physician? Yes No | esults certified as a pulmonologist or internist d? | by the American Board o |
| Was the doctor interpreting the pulmonary function test results were reviewed Information Regarding Pathology Reports: Date of Pathology Report: Doctor's Mailing Address: Address Doctor's Daytime Telephone Number: With respect to your relationship to the doctor issuing the Was the doctor paid for the services that he/she perform | esults certified as a pulmonologist or internist d? | by the American Board of |
| Was the doctor interpreting the pulmonary function test r Internal Medicine at the time the test results were reviewe Information Regarding Pathology Reports: Date of Pathology Report: Doctor's Mailing Address: Address Doctor's Daytime Telephone Number: With respect to your relationship to the doctor issuing the Was the doctor your personal physician? Was the doctor paid for the services that he/she perform If yes, please indicate who paid for the services per | esults certified as a pulmonologist or internist d? | by the American Board of |
| Was the doctor interpreting the pulmonary function test r Internal Medicine at the time the test results were reviewe Information Regarding Pathology Reports: Date of Pathology Report: Doctor's Mailing Address: Address Doctor's Daytime Telephone Number: With respect to your relationship to the doctor issuing the Was the doctor your personal physician? Was the doctor paid for the services that he/she perform If yes, please indicate who paid for the services per Did you retain counsel in order to receive any of the services | esults certified as a pulmonologist or internist d? | by the American Board of |
| Was the doctor interpreting the pulmonary function test results were reviewed Information Regarding Pathology Reports: Date of Pathology Report: Doctor's Mailing Address: Address Doctor's Daytime Telephone Number: With respect to your relationship to the doctor issuing the Was the doctor your personal physician? Yes No Was the doctor paid for the services that he/she perform If yes, please indicate who paid for the services per Did you retain counsel in order to receive any of the ser Was the doctor referred to you by counsel? Yes | esults certified as a pulmonologist or internist d? | by the American Board of |
| Was the doctor interpreting the pulmonary function test r Internal Medicine at the time the test results were reviewe Information Regarding Pathology Reports: Date of Pathology Report: Doctor's Mailing Address: Address Doctor's Daytime Telephone Number: With respect to your relationship to the doctor issuing the Was the doctor your personal physician? Was the doctor paid for the services that he/she perform If yes, please indicate who paid for the services per Did you retain counsel in order to receive any of the services | esults certified as a pulmonologist or internist d? | by the American Board of Control |

Did you retain counsel in order to receive any of the services performed by the doctor? Yes No

If yes, please indicate who paid for the services performed:___

[REMAINDER OF PAGE INTENTIONALLY BLANK]

PART II: ASBESTOS-RELATED CONDITION(S)

Mark the box next to the conditions with which you have been diagnosed and provide all information required in the instructions to this Questionnaire. If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

| PI | ease chec | k the box next to the condition being alleged: |
|----|-------------------|--|
| | | Asbestos-Related Lung Cancer Asbestosis Other Asbestos Disease Mesothelioma Other Cancer not related to lung cancer or mesothelioma Clinically Severe Asbestosis |
| a. | Mesother apply): | elioma: If alleging Mesothelioma, were you diagnosed with malignant mesothelioma based on the following (check all that |
| | | diagnosis from a pathologist certified by the American Board of Pathology |
| | | diagnosis from a second pathologist certified by the American Board of Pathology |
| | | diagnosis and documentation supporting exposure to Grace asbestos-containing products having a substantial causal role in the development of the condition |
| b. | Asbesto the follo | s-Related Lung Cancer: If alleging Asbestos-Related Lung Cancer, were you diagnosed with primary lung cancer based on wing (check all that apply): |
| | | findings by a pathologist certified by the American Board of Pathology |
| | | evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a B-reader certified by the National Institute for Occupational Safety and Health |
| | | evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health |
| | | evidence of asbestosis determined by pathology |
| | | evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a B-reader certified by the National Institute for Occupational Safety and Health |
| | | evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health |
| | | diffuse pleural thickening as defined in the International Labour Organization's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000) |
| | | a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the lung cancer |
| c. | Othe | r Cancer: |
| | (i) If all | eging Other Cancer, please mark the box(es) next to the applicable primary cancer(s) being alleged: |
| | c | olon pharyngeal esophageal laryngeal stomach cancer other, please specify |
| | (ii) Were | you diagnosed with the above-indicated cancer based on the following (check all that apply): |
| | | findings by a pathologist certified by the American Board of Pathology |
| | | evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a B-reader certified by the National Institute for Occupational Safety and Health |

Case 01-01139-AMC Doc 9263-3 Filed 08/26/05 Page 9 of 24

d.

e.

| | evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of |
|--------------|--|
| | Pneumoconioses and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health |
| | evidence of asbestosis determined by pathology |
| | a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the cancer |
| Clin appl | ically Severe Asbestosis: If alleging Clinically Severe Asbestosis, was your diagnosis based on the following (check all that y): |
| | diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine |
| | a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a B-reader certified by the National Institute for Occupational Safety and Health |
| | a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health |
| | asbestosis determined by pathology |
| | a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's Lung Function Testing; Selection of Reference Values and Interpretive Strategies, demonstrating total lung capacity less than 65% predicted |
| | a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's <i>Lung Function Testing; Selection of Reference Values and Interpretive Strategies</i> , demonstrating forced vital capacity less than 65% predicted and a FEV1/FVC ratio greater than or equal to 65% predicted |
| | a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis |
| Asbe | estosis: If alleging Asbestosis, was your diagnosis based on the following (check all that apply): |
| | diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine |
| | a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000) |
| | a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000) |
| | asbestosis determined by pathology |
| | a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's Lung Function Testing; Selection of Reference Values and Interpretive Strategies, demonstrating a FEVI/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted |
| | a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis |

Case 01-01139-AMC Doc 9263-3 Filed 08/26/05 Page 10 of 24

| f. | | er Asbestos Disease: If alleging any asbestos-related injuries, medical diagnoses, and/or conditions other than those above, was diagnosis based on the following (check all that apply): |
|--------------|---------|--|
| | | diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine |
| | | diagnosis determined by pathology |
| | | a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000) |
| | | a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000) |
| | | a chest x-ray reading other than those described above |
| | | a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's Lung Function Testing; Selection of Reference Values and Interpretive Strategies, demonstrating a FEVI/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted |
| | | a pulmonary function test other than that discussed above |
| | | a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the condition |
| | | a CT Scan or similar testing |
| | | a diagnosis other than those above |
| | | other (please specify): |
| 2. Infor | rmatio | n Regarding Diagnosis |
| Date | of Dia | gnosis: |
| Diag | nosing | Doctor's Name: Diagnosing Doctor's Specialty: |
| Diag | nosing | Doctor's Mailing Address: |
| | | Address City State/Province Zip/Postal Code |
| Diag | nosing | Doctor's Daytime Telephone Number: |
| With | respe | ct to your relationship to the diagnosing doctor, check all applicable boxes: |
| | Was | the diagnosing doctor your personal physician? Yes No |
| | Was | the diagnosing doctor paid for the diagnostic services that he/she performed? Tyes No |
| | If | yes, please indicate who paid for the services performed: |
| | Did y | ou retain counsel in order to receive any of the services performed by the diagnosing doctor? Yes No |
| | Was | the diagnosing doctor referred to you by counsel? Yes No |
| | Are y | ou aware of any relationship between the diagnosing doctor and your legal counsel? Tyes No |
| | If | yes, please explain: |
| | | |
| Was the d | the dia | gnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of is? Yes No |
| Was | the dia | gnosing doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? Yes No |
| Was | the dia | gnosing doctor provided with your complete occupational, medical and smoking history prior to diagnosis? Yes No |
| | uic dia | ghosing doctor provided with your complete occupational, medical and smoking history prior to diagnosis? Yes No |

Case 01-01139-AMC Doc 9263-3 Filed 08/26/05 Page 11 of 24 Do you currently use tobacco products? Yes No Have you ever used tobacco products? Yes No If answer to either question is yes, please indicate whether you have regularly used any of the following tobacco products and the dates and frequency with which such products were used: ☐ Cigarettes Packs Per Day (half pack = .5) ____ Start Year ____ End Year ____ Cigars Cigars Per Day ____ Start Year __ End Year ☐ If Other Tobacco Products, please specify (e.g., chewing tobacco): _____ Amount Per Day ____ Start Year ____ End Year ____ Have you ever been diagnosed with chronic obstructive pulmonary disease ("COPD")? Yes No If ves, please attach all documents regarding such diagnosis and explain the nature of the diagnosis: 3. Information Regarding Chest X-Ray Please check the box next to the applicable location where your chest x-ray was taken (check one): Mobile laboratory Job site Union Hall Doctor office Hospital Other: Address where chest x-ray taken: 4. Information Regarding Chest X-Ray Reading Date of Reading: ILO score: __ Name of Reader: Reader's Daytime Telephone Number: Reader's Mailing Address: Address City State/Province Zip/Postal Code With respect to your relationship to the reader, check all applicable boxes: Was the reader paid for the services that he/she performed? Yes No If yes, please indicate who paid for the services performed: Did you retain counsel in order to receive any of the services performed by the reader? Yes No Was the reader referred to you by counsel? Yes No Are you aware of any relationship between the reader and your legal counsel? Tyes No If yes, please explain: If the reader is not a certified B-reader, please describe the reader's occupation, specialty, and the method through which the reading was made: 5. Information Regarding Pulmonary Function Test: Date of Test: Total Lung Capacity (TLC): ____% of predicted List your height in feet and inches when test given: Forced Vital Capacity (FVC): _____% of predicted List your weight in pounds when test given:_____ FEV1/FVC Ratio: _____ % of predicted Name of Doctor Performing Test (if applicable): ______ Doctor's Specialty: _____ Name of Clinician Performing Test (if applicable): Testing Doctor or Clinician's Mailing Address: Address City State/Province Zip/Postal Code Testing Doctor or Clinician's Daytime Telephone Number: Name of Doctor Interpreting Test: ______ Doctor's Specialty: ____ Interpreting Doctor's Mailing Address:

Address

City

State/Province

Zip/Postal Code

Case 01-01139-AMC Doc 9263-3 Filed 08/26/05 Page 12 of 24

| With respect to your relationship to the doctor or clinic | ian who performed the pulmonary function test check all applica | ble box |
|--|--|-------------|
| If the test was performed by a doctor, was the doctor | r your personal physician? Tyes No | |
| Was the testing doctor and/or clinician paid for the s | services that he/she performed? Yes No | |
| If yes, please indicate who paid for the services | performed: | |
| Did you retain counsel in order to receive any of the | services performed by the testing doctor or clinician? Yes No | |
| Was the testing doctor or clinician referred to you by | y counsel? _Yes _No | |
| Are you aware of any relationship between either the | e doctor or clinician and your legal counsel? Tyes No | |
| If yes, please explain: | | |
| Was the testing doctor certified as a pulmonologist or in the pulmonary function test? Yes No | nternist by the American Board of Internal Medicine at the time of | of |
| With respect to your relationship to the doctor interpre | ting the results of the pulmonary function test check all applicabl | e boxes |
| Was the doctor your personal physician? Yes | No | |
| Was the doctor paid for the services that he/she perfe | formed? Yes No | |
| If yes, please indicate who paid for the services p | performed: | |
| Did you retain counsel in order to receive any of the | services performed by the doctor? Tyes No | |
| Was the doctor referred to you by counsel? Yes | ¬No | |
| was the doctor referred to you by counser. | | |
| Are you aware of any relationship between the doctor | | |
| Are you aware of any relationship between the doctor. If yes, please explain: | or and your legal counsel? Yes No | |
| Are you aware of any relationship between the doctor If yes, please explain: Was the doctor interpreting the pulmonary function tes Internal Medicine at the time the test results were review Information Regarding Pathology Reports: | or and your legal counsel? Yes No t results certified as a pulmonologist or internist by the American | Board |
| Are you aware of any relationship between the doctor If yes, please explain: Was the doctor interpreting the pulmonary function tess Internal Medicine at the time the test results were review Information Regarding Pathology Reports: Date of Pathology Report: Finding | t results certified as a pulmonologist or internist by the American | |
| Are you aware of any relationship between the doctor If yes, please explain: Was the doctor interpreting the pulmonary function tes Internal Medicine at the time the test results were review Information Regarding Pathology Reports: Date of Pathology Report: Name of Doctor Issuing Report: Doctor's Mailing Address: | or and your legal counsel? | |
| Are you aware of any relationship between the doctor If yes, please explain: Was the doctor interpreting the pulmonary function tes Internal Medicine at the time the test results were review Information Regarding Pathology Reports: Date of Pathology Report: Date of Doctor Issuing Report: Address | or and your legal counsel? Yes No It results certified as a pulmonologist or internist by the American wed? Yes No It results certified as a pulmonologist or internist by the American wed? See No It results certified as a pulmonologist or internist by the American wed? See See See See See See See See See Se | |
| Are you aware of any relationship between the doctor If yes, please explain: Was the doctor interpreting the pulmonary function tess Internal Medicine at the time the test results were review Information Regarding Pathology Reports: Date of Pathology Report: Doctor's Mailing Address: Address Doctor's Daytime Telephone Number: | or and your legal counsel? Yes No It results certified as a pulmonologist or internist by the American wed? Yes No It results certified as a pulmonologist or internist by the American wed? See See See See See See See See See Se | |
| Are you aware of any relationship between the doctor If yes, please explain: Was the doctor interpreting the pulmonary function tes Internal Medicine at the time the test results were review Information Regarding Pathology Reports: Date of Pathology Report: Doctor's Mailing Address: Address Doctor's Daytime Telephone Number: With respect to your relationship to the doctor issuing to | or and your legal counsel? Yes No It results certified as a pulmonologist or internist by the American wed? Yes No Octor's Specialty: City State/Province Zip/Postal Counterparts of the pathology report, check all applicable boxes: | |
| Are you aware of any relationship between the doctor If yes, please explain: | or and your legal counsel? Yes No It results certified as a pulmonologist or internist by the American wed? Yes No It results certified as a pulmonologist or internist by the American wed? Yes No It results certified as a pulmonologist or internist by the American wed? Yes Steel No | |
| Are you aware of any relationship between the doctor If yes, please explain: Was the doctor interpreting the pulmonary function tess Internal Medicine at the time the test results were review Information Regarding Pathology Reports: Date of Pathology Report: Doctor's Mailing Address: Address Doctor's Daytime Telephone Number: With respect to your relationship to the doctor issuing to was the doctor your personal physician? Yes Was the doctor paid for the services that he/she performance in the doctor paid for the d | or and your legal counsel? Yes No It results certified as a pulmonologist or internist by the American wed? Yes No It results certified as a pulmonologist or internist by the American wed? Yes No It results certified as a pulmonologist or internist by the American wed? Yes No City State/Province Zip/Postal Counternist by the American wed? Yes No Ormed? Yes No | |
| Are you aware of any relationship between the doctor If yes, please explain: Was the doctor interpreting the pulmonary function test Internal Medicine at the time the test results were review Information Regarding Pathology Reports: Date of Pathology Report: Doctor's Mailing Address: Address Doctor's Daytime Telephone Number: With respect to your relationship to the doctor issuing to the doctor your personal physician? Was the doctor paid for the services that he/she performs the performs of the p | or and your legal counsel? | |
| Are you aware of any relationship between the doctor. If yes, please explain: Was the doctor interpreting the pulmonary function tess. Internal Medicine at the time the test results were review. Information Regarding Pathology Reports: Date of Pathology Report: Doctor's Mailing Address: Address Doctor's Daytime Telephone Number: With respect to your relationship to the doctor issuing to the doctor your personal physician? Was the doctor your personal physician? Yes Was the doctor paid for the services that he/she perform the yes, please indicate who paid for the services produced in order to receive any of the services. | or and your legal counsel? | |
| Are you aware of any relationship between the doctor. If yes, please explain: Was the doctor interpreting the pulmonary function test Internal Medicine at the time the test results were review Information Regarding Pathology Reports: Date of Pathology Report: Doctor's Mailing Address: Address Doctor's Daytime Telephone Number: With respect to your relationship to the doctor issuing to the doctor your personal physician? Was the doctor your personal physician? If yes, please indicate who paid for the services produced in order to receive any of the was the doctor referred to you by counsel? Yes | tresults certified as a pulmonologist or internist by the American wed? | |
| Are you aware of any relationship between the doctor. If yes, please explain: Was the doctor interpreting the pulmonary function tes Internal Medicine at the time the test results were review Information Regarding Pathology Reports: Date of Pathology Report: Doctor's Mailing Address: Address Doctor's Mailing Address: With respect to your relationship to the doctor issuing the was the doctor your personal physician? Was the doctor paid for the services that he/she performs the doctor in the properties of the doctor in the services properties. If yes, please indicate who paid for the services properties in order to receive any of the was the doctor referred to you by counsel? Are you aware of any relationship between the doctor. | tresults certified as a pulmonologist or internist by the American wed? | |

Case 01-01139-AMC Doc 9263-3 Filed 08/26/05 Page 13 of 24

7.

| With respect to the condition alleged, have you received med | ical treatment from a doctor | r for the condition | ? Yes No |
|--|------------------------------|---------------------|-----------------|
| If yes, please complete the following: | | | |
| Name of Treating Doctor: | Treating Doctor's Spe | cialty: | |
| Treating Doctor's Mailing Address: | | | |
| Address | City | State/Province | Zip/Postal Code |
| Treating Doctor's Daytime Telephone number: | | | |
| Was the doctor paid for the services that he/she perform | ned? [Yes [No | | |
| If yes, please indicate who paid for the services perform | ned: | | |
| Did you retain counsel in order to receive any of the ser | rvices performed by the doc | tor? Tyes No | |

[REMAINDER OF PAGE INTENTIONALLY BLANK]

Case 01-01139-AMC Doc 9263-3 Filed 08/26/05 Page 14 of 24

APPENDIX D Additional Copies of Part III of the Questionnaire

PART III: DIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS

(d) A worker at a site where Grace asbestos-containing products were being installed, mixed, removed or cut by others O

(e) A worker in a space where Grace asbestos-containing products were being installed, mixed, removed or cut by others of the other, please specify.

(f) If other, please specify. Nature of the appearing Please complete the chart below for each site at which you allege exposure to Grace asbestos-containing products. If you allege exposure at multiple sites, the Court has ordered that you must complete a If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked. जुलान सक्त प्राप्ता कार्या कार्या है जिस्स Mass avgosture dire to exorating in or nabiled, misely removed, or arre Ti Ves, measse universe vous resputati In the "Nature of Exposure" column, for each job listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure: STEEL STUDY OF STUDY GIVERS Unions of which you were a member during your employment: \$ Code 1118 separate chart for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire. Secretar Onic ின்றாற்ற li Cores 39. 3. (15.05.05.0) Cook (Imms/dhtp://dhtps/s/com/) भिरास्त्र गाविभित्रक्षामानारक Site Owner: Location: ारी हैं बहुत अधार A worker who personally installed Grace asbestos-containing products (a) A worker who personally mixed Grace asbestos-containing products (b) A worker who personally removed or cut Grace asbestos-containing Sests for Identification or haceh Grance Tracking ☐ Business Employer During Exposure: Sugare (S) Site Name: products Site of Exposure: Job 1 Description: Job 2 Description: Job 3 Description: <u>છ</u>

Doc 9263 3

Filed 08/26/05

Pagq 15 of 24

Job 4 Description:

Job 5 Description:

Job 6 Description:

PART III: DIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS

(d) A worker at a site where Grace asbestos-containing products were being installed, mixed, removed or cut by others C (e) A worker in a space where Grace asbestos-containing products were being installed, mixed, removed or cut by others C (f) If other, please specify.

(f) If other, please specify. Dog: Filed 08/26/05 Page 16 of 24 Please complete the chart below for each site at which you allege exposure to Grace asbestos-containing products. If you allege exposure at multiple sites, the Court has ordered that you must complete a If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked. रातात अन्य महामानाता है। जनसङ्ख्या कार्यात क्रिकार क्रिकार Wes expositive ditte to working in or Inskillerit missed, kemaxed, or anti-II Ness, afteorica neeth and votae regulate In the "Nature of Exposure" column, for each job listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure: otostativ (a sush essas) Unions of which you were a member during your employment:. \$ Code 1.18 separate chart for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire. Oxe yourse 41 Coce 19 Care (from strikes, (kayet) (sur) Price and Dragnordy Site Owner: Location: OF RAINSHIPS A worker who personally installed Grace asbestos-containing products (a) A worker who personally mixed Grace asbestos-containing products (b) A worker who personally removed or cut Grace asbestos-containing OF DECORD GREAGE PROSTLOG Tests for identifier from Employer During Exposure: Site Name: Site of Exposure: Job 1 Description: Job 3 Description: Job 6 Description: Job 2 Description: Job 4 Description: Job 5 Description: છ

Case 01-01139-AMC Doc 9263-3 Filed 08/26/05 Page 17 of 24

APPENDIX E Additional Copies of Part IV of the Questionnaire

Case 01-01139-AMC Doc 9263-3 Filed 08/26/05 Page 18 of 24

PART IV: INDIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS

| 1. | Are you asserting an injury caused by exposure to Grace asbestos-containing products th injured person? Yes No | rough contact/proximity with another |
|----|--|--------------------------------------|
| | If yes, complete questions 2 through 10 of this section for each injured person through whic containing products. For your convenience, additional copies of Part IV are attached as Apple | |
| 2. | Please indicate the following information regarding the other injured person: | |
| | Name of Other Injured Person: | |
| | Gender: Male Female Last Four Digits of Social Security Number: | Birth Date: |
| 3. | What is your Relationship to Other Injured Person: Spouse Child Other | |
| 4. | Nature of Other Injured Person's Exposure to Grace Asbestos-Containing Products: | |
| 5. | Dates Other Injured Person was Exposed to Grace Asbestos-Containing Products: From | : To: |
| 6. | Other Injured Person's Basis for Identification of Asbestos-Containing Product as Grace | Product: |
| 7. | Has the Other Injured Person filed a lawsuit related to his/her exposure? Yes No |) |
| | If yes, please provide caption, case number, file date, and court name for the lawsuit: | |
| | Caption: | ···· |
| | Case Number: File Date: | |
| | Court Name: | |
| 8. | Nature of Your Own Exposure to Grace Asbestos-Containing Product: | |
| 9. | Dates of Your Own Exposure to Grace Asbestos-Containing Product: From: | To: |
| 10 | Your Basis for Identification of Asbestos-Containing Product as Grace Product: | |
| | | |

[REMAINDER OF PAGE INTENTIONALLY BLANK]

Case 01-01139-AMC Doc 9263-3 Filed 08/26/05 Page 19 of 24

PART IV: INDIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS

| 1. | Are you asserting an injury caused by exposure to Grace asbestos-containing products the injured person? Yes No | rough contact/proximity with another |
|----|--|---|
| | If yes, complete questions 2 through 10 of this section for each injured person through whice containing products. For your convenience, additional copies of Part IV are attached as Appendic to the containing products. | ch you allege exposure to Grace asbestos- opendix E to this Questionnaire. |
| 2. | Please indicate the following information regarding the other injured person: | |
| | Name of Other Injured Person: | |
| | Gender: Male Female Last Four Digits of Social Security Number: | Birth Date: |
| 3. | What is your Relationship to Other Injured Person: Spouse Child Other | |
| 4. | Nature of Other Injured Person's Exposure to Grace Asbestos-Containing Products: | |
| 5. | Dates Other Injured Person was Exposed to Grace Asbestos-Containing Products: From | : To: |
| 6. | Other Injured Person's Basis for Identification of Asbestos-Containing Product as Grace | Product: |
| 7. | Has the Other Injured Person filed a lawsuit related to his/her exposure? | 0 |
| | If yes, please provide caption, case number, file date, and court name for the lawsuit: | |
| | Caption: | |
| | Case Number: File Date: | |
| | Court Name: | |
| 8. | Nature of Your Own Exposure to Grace Asbestos-Containing Product: | |
| 9. | Dates of Your Own Exposure to Grace Asbestos-Containing Product: From: | To: |
| 10 | Your Basis for Identification of Asbestos-Containing Product as Grace Product: | |
| | | |

[REMAINDER OF PAGE INTENTIONALLY BLANK]

Case 01-01139-AMC Doc 9263-3 Filed 08/26/05 Page 20 of 24

APPENDIX F
Additional Copies of Part V of the Questionnaire

PART V: EXPOSURE TO NON-GRACE ASBESTOS-CONTAINING PRODUCTS

Please complete the chart below for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate chart for each party. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked. In the "Nature of Exposure" column, for each product listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Non-Grace asbestos-containing products (d) A
 - (b) A worker who personally removed or cut Non-Grace asbestos-containing products
- (c) A worker who personally installed Non-Grace asbestos-containing products

| ed or cut by others | oved or cut by | | 0. |
|---|---|--------|---------------------------|
| being installed, mixed, remov | ts were being installed, mixed, removed or cut by | | |
| tos-containing products were | estos-containing products we | | |
| (d) A worker at a site where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others | (e) A worker in a space where Non-Grace asbestos-containing product | | If other, please specify. |
| (d) A work | (e) A work | others | (f) If other, pleas |

Case 01-01139-AMC

Doc 9263-3

| Party Against which Lawsuit or Claim was Filed: | or Claim was Filed: | Proting(8) | Dates and Frequency of Espesine | Ozenijation Codb | <u>Indiretry</u> Cyde | Was exposing due fo working in or around areas where product was being | Nature of Exposure |
|---|---------------------|------------|---------------------------------------|---------------------|----------------------------|---|--------------------|
| | | | View VOW Aller (Aller View and Aller | Ji Couro 59. | lif Cade III. Sigeoffin | nistentan merakiranokan organis Hiliwa ntoasa mahanto yani samisi | |
| | | | | | | prosinals, to sugh areas | |
| Site of Exposure 1 | Job I Description: | | | | | | |
| Site Name: | | | | | | | |
| Address: | Job 2 Description: | | | | | | |
| City and State: | | | | | | | |
| Site Owner: | Joh 2 Decoriation. | | | | | | |
| | Joo 3 Description: | | | | | | |
| Site of Exposure 2 | Job 1 Description: | | | | | | |
| Site Name: | | | | | | | |
| Address. | | | | | | | |
| Oranicas: | Job 2 Description: | | | | • | | |
| City and State: | | | | - | - | | |
| | Job 3 Description: | | | | | | |
| | | | | | | | |
| Site of Exposure 3 | Job 1 Description: | | | | | | |
| Site Name: | | | | | | | |
| Address: | | | | | | | |
| City and State: | Job 2 Description: | | | | | | |
| Site Owner: | | | | | | | |
| | Job 3 Description: | | | | | | |
| | | | | | | | |

Page 21 of

Filed 08/26/05

PART V: EXPOSURE TO NON-GRACE ASBESTOS-CONTAINING PRODUCTS

Please complete the chart below for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate chart for each party. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire

ndustry codes in the management of the following during your exposure:

(d) A worker at a site where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others (e) A worker in a space where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others (e) A worker in a space where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others (e) A worker in a space where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others. If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked. In the "Nature of Exposure" column, for each product listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Non-Grace asbestos-containing products
 - (b) A worker who personally removed or cut Non-Grace asbestos-containing
 - products
- (c) A worker who personally installed Non-Grace asbestos-containing products

| L-0 <u>1139-AMC</u> | Doc 9 | 263-3 | File | 08/26 | /05 F | age 2 | 2 of 24 | T | 1 |
|---|-------------------------------|--------------------|--------------------|-------------------------------|-------------------------------------|--------------------|-------------------------------|--------------------|--------------------|
| eynxmue | | | | | | | | | |
| Netwicol | | | | | | | | | |
| ng in or f was bang palm | | | | ; | | | | | |
| me to World hars proding L Samoyed), d Redic Your 2 Usigans | | | | | | | | | |
| West exposure due to working in or around areas where product was bring installed, mixed, sanoved, or end. If New please indicate your regular presenting to such exerts. | | | | | | | | | |
| 2 | | | | | | | | | |
| Inthistory Crate If Coute 11 specifies | | | | : | | | | | |
| Overspifon Code If Code 39, speeiffe | | | | | | | | | c |
| lBrequency F. drywyyear) | | | | | | | | | |
| Decessand Produces of Experies (Proms/Reg., d | | | | | | | | | |
| Brothetts | | | | | | | | | |
| iled: | ption: | ption: | ption: | ption: | ption: | ption: | ption: | ption: | ption: |
| Party Against which Lawsuit or Claim was Filed: | Job 1 Description: | Job 2 Description: | Job 3 Description: | Job I Description: | Job 2 Description: | Job 3 Description: | Job I Description: | Job 2 Description: | Job 3 Description: |
| awsuit or | | | | | | | | | |
| iinst which | kposure 1 | State: | | Site of Exposure 2 Site Name: | State: | | tposure 3 | State: | 3 |
| Party Ag | Site of Exposure 1 Site Name: | City and State: | | Site of Expe | Address: City and State:Site Owner- | | Site of Exposure 3 Site Name: | City and State: | |

APPENDIX G

Additional Copy of Part VI of the Questionnaire

PART VI: EMPLOYMENT HISTORY

Other than jobs listed in Part III or V, please complete this Part VI for all of your prior industrial work experience up to and including your current employment. For each job, include your employer, location of employment, and dates of employment. Only include jobs at which you worked for at least one month.

| Occupation Code: If Code 59, specify _ | Industry Code: _ | $\underline{}$. If Code 118, spe | ecify | | |
|--|-------------------------|-----------------------------------|-----------------|--|--|
| Employer: | Beginning of Employment | End of Employment | | | |
| Location:Address | City | State/Province | Zip/Postal Code | | |
| | | | • | | |
| Occupation Code: If Code 59, specify _ | | If Code 118, specify | | | |
| | | End of Employment | | | |
| Location:Address | City | State /Duraniana | 7: /0 | | |
| | City | | Zip/Postal Code | | |
| Occupation Code: If Code 59, specify _ | • | If Code 118, specify | | | |
| Employer: | Beginning of Employment | End of Employment | | | |
| Location: Address | City | State (Dunasina | 7:- /01 /0-1 | | |
| Addless | City | State/Province | Zip/Postal Code | | |
| Occupation Code: If Code 59, specify | Industry Code: | If Code 118, spe | cify | | |
| Employer: | | | | | |
| Location: | | | | | |
| Address | City | State/Province | Zip/Postal Code | | |
| Occupation Code: If Code 59, specify _ | Industry Code: _ | If Code 118, spe | cify | | |
| Employer: | Beginning of Employment | End of Employment | | | |
| Location: | | | | | |
| Address | City | State/Province | Zip/Postal Code | | |
| Occupation Code: If Code 59, specify | Industry Code: | If Code 118, spe | cify | | |
| Employer: | Beginning of Employment | End of Employment | | | |
| Location: | | | | | |
| Address | City | State/Province | Zip/Postal Code | | |
| Occupation Code: If Code 59, specify | Industry Code: | If Code 118, spe | cify | | |
| Employer: | Beginning of Employment | End of Employment | | | |
| Location: | | | | | |
| Address | City | State/Province | Zip/Postal Code | | |
| Occupation Code: If Code 59, specify | Industry Code: | If Code 118, spe | cifv | | |
| Employer: | - | | | | |
| Location: | | | | | |
| Address | City | State/Province | Zip/Postal Code | | |
| Occupation Code: If Code 59, specify | Industry Code: | If Code 118, spec | cify | | |
| Employer: | Beginning of Employment | End of Employment | | | |
| Location: | | | | | |
| Address | City | State/Province | Zip/Postal Code | | |